

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
*(FOR USE WITH FORM PTO-875)*

SERIAL NO.  
10/6745238

APPLICANT(S)

FILING DATE  
8/31/01

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	IND.	DEP.	IND.	DEP.	IND.	DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.								
1							51		1					
2		1					52		1					
3		1					53	3						
4		1					54	3						
5		1					55	1						
6		1					56	1						
7		1					57	1						
8		1					58	1						
9		1					59	1						
10		1					60	1						
11		1					61	1						
12		1					62	1						
13		1					63	1						
14		1					64	1						
15		1					65	1						
16		1					66	1	1					
17		1					67	1	1					
18		3					68							
19		3					69							
20		1					70							
21		1					71							
22	1	1					72							
23	1	1					73							
24		1					74							
25		1					75							
26		1					76							
27		1					77							
28		1					78							
29		1					79							
30		1					80							
31		1					81							
32		1					82							
33		1					83							
34		1					84							
35		1					85							
36		4					86							
37		4					87							
38		1					88							
39		1					89							
40		1					90							
41		1					91							
42		1					92							
43		1					93							
44		1					94							
45		1					95							
46		1					96							
47		1					97							
48		1					98							
49		1					99							
50		1					100							
TOTAL IND.	5						TOTAL IND.	14						
TOTAL DEP.	17						TOTAL DEP.	17						
TOTAL CLAIMS	12						TOTAL CLAIMS	21						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS